E	END ST	AGE RE				ICAL I		RMAT	ION S	SYSTI	ΕM		I	-OR	TH	ΕF	PERI	OD							
										Facility Physical Address (If different than mailing address) Suite/Room Street City State/Zip Cod Number of Dialysis Stations: Facility Telephone: ()									Code						
										Facility Ownership Type:															
									Facility Local/National Affiliation/Chain Information (i.e. Gambro, RTC, etc.)																
										T	- £ -l	مرداء:			-#	al .					(i.e. C	amb	ro, RT	C, etc	.)
										Types of dialysis services offered: ☐ Incenter Hemodialysis ☐ Peritoneal Dialysis ☐ Home Hemodialysis Training															
										Does your facility offer a dialysis shift that starts at 5:00 p.m. or later? ☐ Yes ☐ No															
DIALYSIS PATIENTS AI											D.	ΓR	EAT	ME	NT	S									
DIALYS	IS PAT	IENTS																							
					,	Additions	During			d]			L				osses During Survey				y Period			
Patients Receiving Care Beginning of Survey Period					Starte for firs time ev	st		Tran ferre fror othe dialys uni	ed Ho n tra sis	Returned after transplan- tation			Deaths		Recov- ered kidney function		tı	Received trans- plant		Trans- ferred to other dial- ysis unit		_ dialysis		Other (LTFU)	
Incenter	Home	Total Fields 01 thru 02		In- center							1								\dagger				П		\top
				Home							1														
01	02	03	_		04A 04B		5A 5B	06 <i>A</i>		07A 07B	_			8A 8B		09A 09B		10A 10B		11A 11B		12			3A 3B
				Datian	t- D	ii O		-1 -1 0																	
la sa	Patients Receiving Care at End of Survey Total								irvey Pe								Tota	al		Γ	Tate	.1			
Incenter Dialysis			Self-Dialysis Tra			ining Incenter Dialysis			Home Dialy			alysis	alysis			Home Dialysis				Tota Patie	atients				
Hemo- Dialysis IPD Hemo- Dialysis Dialysis		IPD	IPD CAPD		CCPD I		s 14		Hemo- IPD Dialysis			CAPD		CCPD Fields 2 ⁻¹ thru 24					Fields						
14	15	16	17	1	8	19	20	0	21		22		23		24		25	i			26				
	t Eligibility of Survey P						zing Mo		n				V	ocati	ional R	lehab	ilitatio	on							
	İ	Currently	Medicare			s	etting		Day	Noctur	nal		Ī	Patier	nts	Pat	ients eiving		ients	- 44	atients ending				
		enrolled in	applica- tion	Non- Medica		In	center						l _t	aged hrough	18	ser	vices n Voc	full-t	oloyed ime o	r so	chool time c				
	-	Medicare	pending			н	ome										hab	par	t-time		rt-time				
						_		3	30A 30B	31A 31B			L												
		27	28	29					,00	310				32		3	33	;	34		35				
TREA	TMENT	LOAD																							
Incenter Dialysis Treatments										[Dia	alysis T	raini	ng Tre	eatme	ents	_				
				Hemodialysis IPD								emodia	lialysis		IPD		o d		CAPD				CCPD		
																						1			
				36			37				-		38				39			40)			41	
COMPLETED BY (Name)									DATE	TITLE TELEPHO						1 and	NE NO.								
DEMARKS	DE0 4 DD	INIO INICO		2001//0	ED 011	TI 110 011	D)/E)/	011011	<u> </u>	-NITED				OT D	• • •	<u> </u>		101/1	->/						

This report is required by law (42 USC 426; 42 CFR 405.2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 USC 5520; 45 CFR, Part 5a).

END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM ESRD FACILITY SURVEY

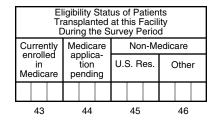
FOR THE PERIOD

KIDNEY TRANSPLANTS PERFORMED

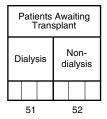
PATIENTS TRANSPLANTED AND DONOR TYPE

TO BE COMPLETED BY KIDNEY TRANSPLANT CENTERS ONLY





	Transplant Procedures Performed at This Facility													
Living Related Donor			Un	ivin rela Oond	ted	Ca	dave		Total Fields 47 thru 49					
	47			48			49		50					



REMARKS/COMMENTS

COMPLETED BY (Name)

DATE

TITLE

TELEPHONE NO.